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EDITED BY

S. W. BUTLER, M.D., AND R. J. LEVIS, M.D.

L. C. BUTLER, M.D., ASSISTANT EDITOR.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.,
Of New York.

(*Continued from page* 529.)

IN BOTANY.

The grandeur and sublimity of a mountain range, with its vast proportions and lofty outlines, may only find responses, of an equal depth, in the breasts of those who have advanced in years and thought; but the tiny cowslip and the modest daisy, by their delicate expressions of most innocent existence, are sure to fascinate the youthful spirit and entrance the man of feeling. Time lingers over roses and regrets their early demise; but the moral lesson taught by nature, and the forcible example of the flower and its fruits, or speckled seed, possesses a latent power worthy of the purest followers, and indicative of attributes, exacting in their character.

The vehicle for sap, in trees or plants, which carries strength to furthest branches and brings succor to the feeble vine, obedient to the laws of capillary attraction, can burst bonds that seek to force it back, and rises to its loftiest limit by the aid of water, as an useful and required ally. Taking but a general view of the lofty monarchs of the gloomy woods, or glancing at the architecture of the smallest bud, one is constrained to see in water, be it dew or rain, the overflowing of the Nile, or the damp exhalations of a moistened soil, the great vital spark that urges on the sensitive plant to unfold its beauties, and encourages the youthful pine to gain strength, imbibe more sustenance, breathe in the mysterious chlorophyll, and develope till the time arrives for its declared utility.

M. de Flotow, following the suggestion of Duhamel, with regard to the coloring of the skin of fruits, maintained, after many curious and ingenious experiments, that the rays of the sun, acting directly on the skin of healthy fruit, such as specimens of the Napoléon, Buerré d'Hiver, B. Diel, Merveille de Charneaux, and Poire de Dechant, if moistened by dew, produced the bright red bands* so much prized by epicures, and striven for by horticulturists.

While the mossy turf and bowling-green alleviate the sad monotony of human thoughts, and rests the weary eye of him who seeks for pleasure in the giddy world; and with diurnal certainty a cordial welcome is accorded to the humid strength in winter, when all other mortals seek for shelter in the abodes of luxury, or huts with houseless comforts; nature, by her very chilly agent, snow, protects the blades of grass and lichens from the freezing blast or varying temperature.

There is a diversity of opinions relative to the duration of the life of plants. The interesting statements of the learned Knight relative to the prolonged existence of *bacheloric* fruit trees, and *spinster* shrubs, cause one to believe that, though single-blessedness may be of a protracted character, the happiness of married creatures, being of two-fold a character, though not perhaps spun out as many years, is of a double kind with *bi*beatitudes! We are informed by one of deep erudition and analytic power,† "that the cells of the newer layers of wood are storehouses of nourishment: the sap, when beginning its ascent, is nearly PURE WATER; as it ascends, it becomes more and more loaded with the contents of the cells through which it has travelled, and the buds are thus supplied with nourishment by the living agency of the

* Journal de la Société Imperiale of Centrale d'Horticulture.
† Prof. Fleming before the Botanical Society of Edinburgh.

former years, which made the buds, and provided for its development."

According to Mr. Miesler, when the indigo, fera Caroliniana, is obtained by the inhabitants. before proceeding to churn it for use, it is steeped twenty-four hours in water to bring about certain changes. Though the best wheat may be planted, germinate, grow, and form a plant, a most mysterious change, owing to "sudden freezing and thawing while the ground is wet," transforms it into "*chess*," a different species.

This has been contradicted by persons of qualified experience, but Samuel Davidson, of Greece, Monroe county, N. Y., after severe testing and thorough sifting, found such to be the case.

The opinion of many has been that the absence of trees from extensive prairies is the result of man's energetic labor; but more recent study and comparative, topological investigations* have convinced those who have looked into the subject, that rain falls with more generous purpose in the vicinity of large bodies of waters, or when the clouds are influenced by the pointed peaks of elevated mountains. Moreover, a scanty rain will not supply the wants of greedy foliage, or thirsty mammoth roots, and oaks and maples, birch and chestnuts tolerate no dry existence. The time to fell a tree is after copious rain, when the evaporation from the leaves deprives the sap of all else but organic matter transformed into a woody fibre.

M. Dubreuil succeeded in obtaining apples of unusual size by the judicious use of a solution of sulphate of iron—twenty-four grains to a quart of water.

Though chill and fever leave their mark upon each victim that may be subjected to miasma, in most marshy places, and a life-time be not long enough to effectually eradicate the sad mishap; though that panacea for this trouble—Quinine! may alleviate the sufferings and free the patient for a season, from annoyances of vast import, this poison, generated from decaying vegetable matter, may be chained to its locality by man's shrewed judgment, and a world of trouble be thus saved. By planting sunflowers around the marshy soil, at proper times, according to a wise suggestion,† the following the result;

"The ague and fever poison is set free during the process of vegetable decay, which poison is absorbed by the rank-growing sun-flowers, again elaborated into vegetable matter, and so retained until cold weather sets in."

For this misfortune, arising from a watery bed, we have, as compensation, water recommended by astute philosophers and calm reflectors, as a means of cure. Hirschel and the enthusiastic Oertel exclaimed—"Drink water in abundance, the more the better, for water relieves all from everything." Le Dran—1731, Raymond—1755, Marteau—1767, and Hahn—1783–84,* during the brightest periods of their intellectual existences, extolled its praises, and proclaimed its priceless value.

Hippocrates gives utterance to the following sentence: "Water drinkers have generally keen appetites. . . . . Hunger is abated by a glass of wine."† To counterbalance the deleterious character of water as connected with miasma, the remarks of some few may not be amiss to satisfy the curious that, though externally absorbed from chilly regions, it may prove injurious, as a soother for the thirsty man, it is above comparison with other means. "Water is the most wholesome drink. It answers all the intentions of common drinks, for it cools, moistens and quenches thirst."‡ Again, "Cold water is the most proper beverage for man as well as animals—it cools, thins and clears the blood—it keeps the stomach, head, and nerves in order—makes man tranquil, serene, and cheerful."§ "No drink tastes so good, and, in truth, none is so good as water, none possesses adaptation so exact to the vital necessities of the organs."‖ We are informed by one of an intelligent class of meditators that "Those who take it in moderation, enjoy, to a very high degree, all the faculties, as well mental as intellectual, and often attain advanced age."¶ Another, whose mind judged only of what influenced it through peculiar channels of thought, asserts, with brevity and emphasis, that "Water *alone* is the proper drink for *every* animal."** Once more, the evidence of a learned follower†† of Hygeia is worthy of note, "Water, as it is the most ancient, so it is the best, and most common fluid for drink, and ought to be esteemed the most commodious for the preservation of life and health." He who lived among the students of the past and, with most fascinating diction claimed for healthy happiness re-

*See the remarks of D. Vaughn.
† Lieutenant Maury of the National Observatory.

* Unterrich von der Kraft, und Wirkung des Kalten Wassers. † Hipp. Sect. ii., Aphor. 21, p. 1245. ‡ Dr. Mainwaring. § Faust. ‖ Dr. Mussey. ¶ Rostan. ** Arbuthnot. †† Parr.

freshing solitude,* gives it as his opinion, that "water is the most suitable drink for man; and does not chill the ardor of genius."

As we close this practical evidence of the benefit of water, compensating for rheumatic pains caused by undue exposure to its influence upon the body, the expression of one deeply versed in metaphysical results, firstly, with regard to wine, and, secondly, concerning water, may divert, amuse, and instruct: †

"Though I look old, yet I am strong and lusty:
For in my youth I never did apply
Hot and rebellious liquors in my blood;
Nor did not, with unbashful forehead woo
The means of weakness and debility.
Therefore my age is as lusty as winter,
Frosty but kindly."

And, speaking of this purest of all friends, the same strong, steady, sturdy student says:

"Here's that which is too weak to be a sinner—honest water, which ne'er left man i'th' mire."

With regard to the cultivation of the soil, be it arable, well-tilled, or of scanty capabilities, the main object of the farmer, when entering on his duties for the harvest year, is to satisfy himself as to the proper drainage of his fields. Where water forms a reservoir beneath the sod, as necessary is it to free nature from this great excess as is the proper moisture in a sandy field, or too great clay-deposit to be rendered rich by a judicious application of the brain and energetic allies from the rich manure heap.‡

To the Egyptians, the credit is assigned of having *first* made botany a study. This fact is derived from the writings of Pliny,§ who claimed Homer‖ as authority on this subject. Even in the stupendous works ascribed to Mercury Trismegistus, traces of horticultural precepts and medicinal aphorisms, as derived from thoughtful writings relative to the latent virtues of plants, were found. Now and then their plain views of turning aside too great surfaces of irrigating water indicate the tenor of their thoughts, and supply the link between the old custom of by-gone days and modern civilization. Surely, though vast progress has been made, during the last century, with the wisdom of modern lights come also depraved subserviency to the demands of hastened gain. Though uninfluenced by the elevating principles of Christianity, the ancients treated with respect the bodies of deceased relatives, and embalmed the noble frames of long, well-tried, familiar friends, believing, with an innocent simplicity, that, after the calm absence of three thousand years, the soul* returned to its accustomed home. If, however, the loved body was preserved from worms and the sad ravages of foul corruption were withheld from gaining ground, it did not leave its former tenement; and, though, at present, we can talk across a mighty continent, and hold immediate commune with one cherished for the purest worth—though steam can bear us on the wings of wind, and complicated, vast machines turn out almost whatever the heart desires—though the palimpsest is now dispensed with, and the scintillations of the brightest minds are struck off from the mammoth press with lightning speed — though thoughts spring up, with healthy growth, from the innermost recesses of exalted beings, and are wafted from one region to another, ever to be permanently studied and remembered, till time ceases to perform its function — though comparison in arts is not to be employed with past and present—we, superior in all else but reverence for the dead, use these very bodies, that have lain in dignified seclusion for long centuries, as *fuel* to urge on the mighty red-flamed-breathing engine, to annihilate both distance and advancing time. Certainly the following is most appropriate to such iniquity:

"Nil erit ulterius, quod nostris moribus addat
Posteritas: eadem cupient facientque minores,
Omne in præcipiti vitium stetit." †

The grand error of our powerful nation is the want of meditation on past deeds. There exists no paucity of thought for future gain.

Recent investigations have unfolded mighty facts relative to the destruction of the stoutest timber, if exposed to a peculiar dampness, that begets the never-failing Merulius lacrymans, or equally destructive Polyporus hybridus.‡ We are informed by those who have suffered materially from the loss of valuable vessels, that "it is curious that the spawn of this fungus can often

* Zimmerman. † Shakspeare.

‡ "Most wonderful things have been done in the draining way. It was at one time thought impracticable to drain the extensive level between Yorkshire and Lincolnshire, as the great river Idle, navigable of itself, passed with its destructive land-floods through the vast level on the Yorkshire side of the Isle of Axholm; yet was this river, by the skill of the undertakers, carried through a new cut into the Trent on the other side of the isle: by this happy thought, the draining was greatly facilitated, and a large tract of land recovered from the waters."—*Museum Rusticum et Commerciale: or, Select Papers on Agriculture, Commerce, Arts, and Manufactures, &c.*, London, MDCCLXVI.

§ Plin. 1, 25, sect. 5, p. 360. ‖ Odyss. 1, 4, v. 228.

* Herod. 1 2., n. 123. † Juvenal.

‡ "Outlines of British Fungology, containing characters of above one thousand Species of Fungi, and a Complete list of all that have been described as Natives of the British Isles," by Rev. M. J. Berkeley.

elude and defy the artifices and skill of the most sagacious human being. *It can eat out the heart of ships and the foundation of houses;* it can sap the very floor on which man stands, the very table round which he gathers his family and friends, and the very couch on which he reposes. While he sleeps, it grows; while he rests, it advances; while he is at peace with all the world, it may be at war with him. . . . . England may smile at an invasion of Frenchmen, but she might well tremble at the invasion of funguses!" The remarks of Schweinitz and Badham* afford abundant evidence of the almost unlimited power of smut, hop mould, mildew, rust, ergot, and bunt, as regards destruction and rapidity of generation. On the loftiest mountains one may find their representatives beneath the shady trees, or bordering the hottest springs. Their energy is equally as indefatigable. Besides being so unsparing in its foe-like characteristics, as a grateful ally at the rich repast, it furnishes important and congenial aid to him who lives on dainties and admires what is exquisite in taste. Mushroom sauce of any kind finds strong adherents in most every clime. We read with pleasure and sufficient gusto the receipts† for making ketchup, and appreciate the benefical qualities of the Polyporus tuberaster, or the peculiar Pietra Fungaja of Italy, no doubt endorsed by Cardinals when fasts are over, and imagination once again permitted to form tastes.‡

To the traveler, who observes the customs of inhabitants and dwells minutely on the nature of existence, influenced, as it may be, by locality, especial want of certain kinds of food; or those totally deprived, at first sight, of the very means of living, the vast spreading turf-bogs of Ireland must prove most interesting and instructive. While we wonder at the preservation of both genera and species in the formation of this semi-coal receptacle, and pick out of aged pete the traces of the Pinus sylvestris, Quercus robur, Alnus glutinosa, and Betula alba; also, occasionally the well-formed remains of the Taxus baccata, and large tracts made up of Sphagnums; while we view and classify the phanerogamic, and, with zeal, attempt to separate them from the cryptogamic plants, throughout the course of our studies we see water as the mighty agent that transformed, preserved and protected this accumulation of what was to furnish succor to the laborer worthy of his hire.*

To be Continued.

* Esculent Funguses of England.
† Mrs. Hussey's Illustrations of British Mycology.
‡ Consult Quatrefages.

Crampton's Method of Reducing Dislocations of the Humerus by Manipulation; Condensed from the Author, with Comments.

By R. P. Thomas, M.D.,
Surgeon to the Episcopal Hospital, Philadelphia.

As the advance of surgical science is gradually substituting new and improved methods of overcoming the difficulties attendant upon luxations by dexterous manipulations, in place of the old mechanical contrivances which have so long been in vogue, we present, for the benefit of our readers, a condensed account of one of the oldest and simplest of the plans yet devised for the relief of dislocations of the humerus, namely: that announced by Mr. (afterwards Sir Philip) Crampton, Surgeon to the Forces in Ireland, in the *Dublin Medical Journal*, Nos. vii. and viii. 1833, with plates, representing the appearances presented, after death, in two cases carefully dissected by him. An abstract of his article is furnished in the New York reprint of the London *Medico-Chirurgical Review*, vol. 19, July, 1833; Baltimore *Medical and Surgical Journal*, vol. 1, p. 492, 1833; and in the London *Medical Gazette*, vol. xii, p. 242, 1833. The post mortem appearances of these cases, on which he based his plan of reduction, may be briefly stated as follows:

Case 1. In 1808 a laboring man, who was struck by a falling wall, and being seriously injnred, was carried to the Dublin Infirmary in a dying state. After death, the right humerus was found to be dislocated into the axilla. The capsular ligament was completely torn from the lower part of the neck of the humerus to the extent of more than half its circumference; the head of the bone burst through the lower part of the subscapularis muscle, some of the fibres of which closely embraced the neck of the bone, while the bulk of the muscle was pushed upwards and detached from the inner surface of the scapula. The head of the humerus rested on the neck and part of the venter of the scapula without the intervention of any

* Observations on the Plants which, by their growth and decomposition, form the principle part of the Irish turf-bogs. Read before the British Association, by Mr. D. Moore.

muscular substance. The tendon of the long head of the biceps remained in its groove. The short head of the biceps and the coraco-brachialis curved over the neck of the humerus on the sternal side, while the long head of the triceps crossed the neck of the bone obliquely on the dorsal side, thus strangulating, as it were, the head of the bone, by these three muscles. When extension was made, the biceps and triceps seemed to close behind the head of the bone, and to interpose themselves between it and the glenoid cavity. The tendons of the supra-spinatus, infra-spinatus, and teres minor muscles were completely torn from the humerus.

To ascertain the obstacles opposed to reduction, the scapula was fixed, *the arm raised*, and extension applied to the wrist, so long as the hand was held *supine*, the head of the bone remained immovable, apparently from the closing of the biceps and the triceps behind it; but on turning the hand *prone*, rotating the limb *inwards*, and continuing the extension, reduction was easily effected.

Case 2. A man aged thirty, was precipitated fifteen feet into a burning lime-kiln, and, among other injuries, he had a disclocation of the humerus forward under the pectoral muscle, which was reduced by Mr. McNamara in the Meath Hospital "by merely drawing the arm gently forwards and downwards with one hand, while he pushed the head of the bone towards the glenoid cavity with the other." The man died in the course of the day, and eighteen hours after death, Mr. McN. reproduced the dislocation, and dissected the joint.

No muscle was ruptured, and no tendon was separated from its insertion into the bone. The head of the humerus rested on the neck of the scapula, at the root of the coracoid process, but extending nearly as far as the notch in the superior costa. It had passed out through a rent in the capsular ligament *over the upper edge* of the tendon of the subscapularis muscle. The rent in the capsular ligament was on the inner side of the brim of the glenoid cavity, but the ligament was perfect at the inferior part (i. e. the part corresponding with the axilla.) The *supra- and infra-spinatus muscles were on the stretch*, but had suffered no injury. The axis of the head of the bone, in its dislocated position, was scarcely a quarter of an inch higher than the axis of the glenoid cavity, and hence, being nearly opposite the rent in the capsular ligament, we can readily comprehend the facility of its return—the tense supra and infra-spinatus muscles drawing it into place as soon as pressure on the head of the bone was made by Mr. McNamara.

Case 3. Is a dissection made by Sir Astley Cooper, (cited by Mr. Crampton,) of a recent dislocation into the axilla, in which the resistance to reduction, even after death, was such as he could not by himself overcome. He divided one muscle after another, cutting through the coraco-brachialis, teres major and minor, and infra-spinatus muscles, but still the opposition to his efforts remained. He next divided the deltoid muscle, and found that the supra-spinatus muscle was his greatest opponent, *until he drew the arm directly upwards* at a right angle with the body, when the head of the bone glided into the glenoid cavity. Sir Astley suggests that in the living subject "the biceps should be at the same time relaxed by bending the elbow."

Cases 1 and 3 illustrate the pathology of dislocations into the axilla; and case 2 affords a proof, both of the possibility of a primary dislocation directly forward under the pectoral muscle, and of its occurrence without the necessary rupture of any tendon or muscle.

In cases 1 and 3, the manipulations required for the reduction are identical, while the pathological conditions are diverse. Thus in the first the tendon of the supra-spinatus was torn from the bone, and hence could neither aid nor retard reduction. While the true obstacle to its accomplishment was found in the stricture-like embrace of the biceps and coraco-brachialis muscles on the sternal, and of the long head of the triceps on the dorsal side of the neck of the humerus, which interposed themselves between the head of the bone and the glenoid cavity, when extension in the usual manner was made. But when *the arm was raised* to the horizontal position, and *the limb rotated inwards* by turning the hand *prone*, the neck of the humerus was relieved from the grasp of the biceps and triceps, and the head rotated into the glenoid cavity.

In the other case, (3,) Sir Astley found the head of the humerus pressed against the inferior part of the brim of the glenoid cavity, the supra-spinatus being the muscle chiefly, if not exclusively, concerned in causing the pressure. By raising the arm to a right angle, the tension of this muscle was relieved and the head

of the bone mounted over the brim of the glenoid cavity into its socket upon slight rotation.

These disections satisfied Mr. Crampton "that the resistence to the reduction of a recently dislocated shoulder, proceeds altogether from the spasmodic contraction of the irritated muscles about the joint." Acting on this conviction he has furnished two rules for the reduction of dislocations into the axilla, and forward under the pectoral muscle respectively, viz:

1. *To reduce a luxation into the axilla.* "The surgeon applies a gentle extension at the wrist, and slowly raising the arm to nearly a horizontal position, suddenly pulls it upwards, and a little forwards—that is, towards the patient's face—while, at the same time, he suddenly pushes the trunk backwards, by pressing with the left hand, below the axilla, he will, in a great number of *recent cases*, succeed by this simple process in reducing the dislocation." The rationale is evident. By grasping the wrist we secure a long lever, and by raising the arm we relax the stricture of the biceps and triceps muscles on the neck of the bone, or relieve the tension of the supra-spinatus, as the case may be. Then by carrying the arm upwards and a little forwards, i. e. "by turning the hand *prone*, and rotating the limb *inwards*," we obtain a fulcrum on the margin of the glenoid cavity, on which the head mounts and rotates into its socket.

2. *To reduce the dislocation forwards.* "The surgeon should place his left arm, extended horizontally, immediately below the walls of the axilla, between the dislocated arm and the chest, and then grasping the wrist in his right hand, he should draw the arm forcibly across the patient's body."

Bearing in mind the tense condition of the supra and infra-spinatus, the explanation in this case also is apparent. The surgeon's left arm serves as the fulcrum, upon which, when extension is made at the wrist of the patient, the neck of the humerus presses, and the head is forced to rise to the level of the glenoid cavity. The mechanical impediment to the reduction being thus overcome, the supra and infra-spinatus muscles draw the head of the bone into its socket.

Notwithstanding the simplicity of the manipulations proposed by Mr. Crampton, and the high character of their author, they do not appear to have received much attention from the profession either in Europe or America; but as the subject of manual reductions of dislocations of the different joints is now attracting the consideration of medical men, the plans suggested by him are worthy of especial notice from the fact of their having been founded on pathological observation.

Miasmata.

By O. C. Gibbs, M.D..
Of Frewsburg, N.Y.

It would be interesting to enter into a historic resumé of the various theories in regard to the nature of the causative agent or agents that produce the so-called miasmatic diseases. However inviting the field, this is not the proper time or place to enter upon such an inquiry. In the *Lancet and Observer* for September, Dr. Wm. F. Harvey, of Plainfield, (Ind.,) has an article upon *miasmata*, in which some novel views are expressed, and some humble opinions of ours dignified into consequence by an attempt at refutation.

We will try to give Dr. Harvey's views as briefly as possible:—"In regard to yellow fever and the plague, I have long held to the opinion that they were of the same class of diseases with intermittents and other similar malarious diseases, but that they were higher grades. I would begin at intermittents as the lowest in the scale, and then follow on up with remittent, congestive intermittent and remittent, etc. etc., and place yellow fever next to the highest in the scale, and the plague the highest."

He believes *carbon*, or *carbonaceous gases*, to be the primary cause of all this class of malarious diseases, and proceeds to reason thus:—"All vegetables absorb oxygen during the night and give out carbon; and, during the day-time, they absorb carbon and give out oxygen. This is their process of breathing; but the relative proportion of carbon given out is not so great as oxygen, because a portion is appropriated to the growth of the plant. During the summer season, vegetation is in its most vigorous condition, and takes up all the carbon of the atmosphere as fast as it is disengagrd from decaying matter. In the autumn, after vegetation has ceased to grow, and its lungs—the leaves and blades—have commenced drying up, the plants cease to absorb any more carbon from the air; and, as the production of carbonic acid is still going on from decaying matter, the air becomes unduly burdened with it for health. This gas is then inhaled with common air in greater

abundance than during the growing season of vegetables, and the lungs do not receive the same amount of oxygen at each inspiration as when vegetation is taking up the carbon. Hence the blood cannot become so thoroughly depurated of its effete animal carbon as when the proportion of oxygen received at each inspiration was greater. About the time when vegetation comes to maturity, and ceases to grow, malarious diseases begin to prevail, and become more and more prevalent as the fall advances.

Now, if carbon, in some form, is not the cause of such diseases as arise from miasmata, why do the diseases regularly appear at the season of the year when that substance or gas is most abundant? There is no other known agent that accumulates in the atmosphere in the proportion that carbonic acid does after the growth of vegetation ceases. In all organic bodies, the proportion of carbon is much greater than any other competent element."

To us it seems as though our author's theory and argument stood open to several fatal objections. Let us answer his last question and comment with another question: If the approach of the *autumnal equinox is not* the cause of miasmatic fevers, *then why* do nine in every ten cases occur within twenty days before or after this period? If the *aroma of ripening corn is not* the cause of intermittent or remittent fevers, *then why* do nineteen-twentieths of such diseases occur *when corn is ripening?* If *new potatoes* are not the cause of such diseases, why do they *nearly all occur* at such time when this vegetable is brought into requisition in the fall? Now these questions are quite as much to the purpose as the one Dr. Harvey asks, and, as arguments, they *will not quite answer in medical inquiry.*

Unfortunately for Dr. Harvey's argument, vegetation ceases to absorb carbon the most completely after severe frosts in the fall, and *then*, according to his theory, miasmatic fevers *should be* most abundant; but this is the very time when they *cease altogether*, that is, so far as new attacks are concerned. For his theory, they *commence too early and cease too soon.* Three or four years ago, we had, in this section, a severe frost in June, in all this region, that killed the foliage on all the forest trees, shrubs, etc. Extreme warm weather followed, under which circumstances our systems were not in condition to work up much carbon, and, for a month at least, vegetation was not in a condition to absorb it from the atmosphere. Under such circumstances, according to the theory of Harvey, we should have had the so-called miasmatic fevers in abundance—*not a single case occurred within the range of our observation!* We might instance another objection to Dr. Harvey's theory:—Miasmatic fevers should be most abundant in the isolated hamlets in the forests, where vegetable growth is greatest. Not so; where extensive clearings and fallowing are made, *there* will miasmatic fevers most abound, all the other predisposing conditions being equally present.

We wish to make another quotation, showing by what arguments Dr. Harvey supports his opinions, as well as by what sophistry errors in medicine are probably propagated. "At one of the meetings of the *Hendricks County Medical Society*, Dr. Hutchinson stated to me that, in one locality where he once practiced, the ague made its appearance on the west side of a stream of water, annually, for a number of years, while the inhabitants of the *opposite, or east side* of the stream escaped. The country on the *west side* was *low and flat*, while on the *east side were high hills.* During *one season* the ague and fever broke out on the hills, and was *very severe*, while on the west, low grounds, THE INHABITANTS WERE FREE FROM SUCH MALADIES. The Doctor asked me to explain the cause of this on the supposition that carbon in some form produced the diseases. I asked him if the hills were not made up, in a great measure, of limestone, and if they were not heavily timbered? He replied that they were. My explanation of the occurrence of the fevers on the high lands was, that it was owing to the decomposition of the limestone, and the want of appropriation of the liberation of carbonic acid by the vegetation. Now, I would ask, by what other hypothesis the fact could be explained?" Unanswerable as Dr. Harvey regards these facts and explanation in support of his theory, to us they seem quite worthless—*proving too much*, they support a view quite different from his own. As the limestone had been in those hills *for ages*, and the forests for no inconsiderable period, will the Dr. please tell us *why* this "want of appropriation of the liberated carbonic acid," and consequent ague and fevers, *had* not *previously*, and *have* not *since* occurred upon the hills? Again, in this year, the absence of such diseases on the low lands of west side—an unheard of thing to that sage individual, the oldest inhabitant—is a suggestive fact. and *just a little unfortunate* to Dr. Harvey's

argument. The *absence* of the fevers on the *west side*, and the *presence* of the same on the *east side*—each occurring but once in the knowledge of the residents, and both strange events simultaneous, is proof next to positive that the *fevers on the hills were produced by the same causes that had been operative through the many years before upon the lowlands of the other side!* Unusual winds, prevailing long in one direction, or unusual heaviness of the atmosphere, through which instrumentality, the miasms, generated in the lowlands, rose above their origin, and were wafted away to hills near by, are explanations, to our mind, far more probable and philosophical.

We have given this paper attention, not because of any intrinsic worth apparent to us, but because members of the *Hendricks County Medical Society*, before whom it was first read, thought Dr. Harvey's views were the most plausible of any previously advanced, and those dissenting, "agreed that it would be hard to refute the arguments contained in the paper."

Before quitting the paper before us, we would make one other quotation for the purpose of remark: "Dr. Gibbs says 'the miasm of intermittent has a more vegetable origin than that of yellow fever, and its conditions of development are not the same.' Dr. Eberle, on the other hand, says, in his *Practice*, pages 149–50: '1. Yellow fever *always* appears in the *lowest and most filthy* parts of towns; and those localities in which it is most prevalent are in *the immediate vicinity of marshes*, or soils favorable to the production of miasmata, &c.'" Other authorities are cited to prove the same idea. Leaving out the word *marsh*, and we perfectly agree. Had we the time and space at disposal, we would prefer to give our own opinions, than to have them presented by Dr. Harvey. Lacking both, our readers will, we trust, hold us excusable in the following remarks, with a further reference to the *North American Medico-Chirurgical Review*, for January and May, 1861. We have carefully examined the history of yellow fever epidemics, drawn by eye witnesses, so far as we have been able, and now assert, without fear of successful controversy, that the sites of intermittent and yellow fever are quite dissimilar: Yellow *fever* is a *fever of cities*, and *ague* is essentially a *fever of the country*—the former requires for its production a miasm having a preponderance of animal origin, the latter a miasm that is, perhaps, exclusively vegetable. New Orleans presents facts illustrative of this idea and we shall make it a type of the whole. It is well known that this city faces the Mississippi river, and is bounded in the rear by shallow lakes, cypress swamps, and grassy savannas; swamps and marshes virtually hem the city in. To those who will examine the locality of New Orleans and its surroundings, it must be evident that, during the hot season of the year, the swamps in the rear of the city must fill the humid air with their poisonous exexhalations. But it is not from this rear of the city only that the seeds of disease and death emanate; for the streets adjacent to the river, for three miles, are compactly built up with warehouses, market-houses, drinking-houses, sugar wharves, oyster houses, cotton presses, etc., from which issues a vast quantity of filth and organic recrements, which foul stratum reeks in the burning sun of the thirtieth degree of latitude, and sends forth noxious exhalations to commingle with those from the swamps, the filthy streets, and the well-filled cemeteries of the city. Every physician, who has been in New Orleans during a yellow-fever epidemic, knows full well that the first and deadliest visitations of this disease are in localities adjacent to the river, *where animal excrements and refuse*, in a state of decomposition, mostly abound. Here agues are almost or quite unknown. In the suburbs, and adjacent to the swamps, intermittents and remittents are the prevailing diseases, and yellow fever there is nearly or quite unknown. Such facts and observations prove our position, that intermittents and yellow fever have both a miasmatic origin, but the respective miasmas differ in gard to the sources from which they eminate. It is useless to oppose the authority of Eberle, who, perhaps, never saw a case of yellow fever, against the authority of such men as Barton, Fenner, and Dowler, of New Orleans, who have all observed the facts above stated. Dr. Blair, who has written an able paper upon yellow fever, has observed the same diversity of origin and locality of the two diseases, in Georgetown, at the mouth of the Demarara river, in British Guiana.

There is another bearing this opinion of Dr. Harvey has, that we consider of the first importance. If epidemics, from a simple intermittent up to cholera, yellow fever, and the plague, be produced by an excess of carbonic acid gas, and that excess is the result of causes beyond man's reach or control, then we must regard these oftentimes terrible and destructive

visitations as the result of a defect in the economy of *natare*, and in no way connected with man's folly and ignorance, or preventable by his wisdom! Our's is a different faith; we believe that most epidemics are preventable by human wisdom and energies; that the most terrible visitations of yellow fever, cholera, or the plague, are but Divine chastisements for man's sinful negligence of the laws of health and of life. We believe that all epidemics have their origin in some vitiation of the atmosphere with the exhalations resulting from decay and decomposition. We get different diseases and different intensities, having a miasmatic origin, because miasms differ in nature and intensity. Many circumstances cause the products of decomposition to vary, as, for instance, a diversity of decomposing substances, varying meteorological conditions, and dissimilar excitants to decomposition—decaying plants, each yielding an aroma peculiar to itself, of which peculiarity the sense of smell is abundantly cognizant. Emanations from *marshes* are dissimilar from those arising from *human animal excrements*; those that emanate from decaying vegetation also might reasonably be supposed to affect the human system differently from such as arise from an over-filled graveyard. The effluvia from damp cellars and filthy stables are unlike; the gasses arising from privies and from slaughter houses or tan-yards, are not identical in sensible properties, and, probably, not in physiological effect. Thus dissimilar sources give dissimilar results. The elements of disease in a city, as New Orleans, for instance, may seem to be uniform, one year with another; the same sources of miasm exist within the city; the same marshes and lakes without; the same sun, latitude, and climate, influencing the whole. But these elements of decay, of exhalation, of miasm, must develope a poisonous compound of varying powers—a virus of different disease-producing qualities. This is the reason why these disease-producing elements give rise at one time to one disease, at another time to another and dissimilar one. Thus intermittent, remittent, and malignant bilious-remittent fevers, yellow fever, cholera, erysipelas, diphtheria, diarrhœa, and dysentery, may each, at different times, be developed, the which being determined by the peculiar products, or combinations of products, of the disease-producing elements.

Dismissing the subject, we would say that yellow fever, instead of being produced by a carbonaceous gas, *cannot exist without the presence of a miasma, having a certain origin, and developed under certain conditions.* This origin, it is presumed, is partially animal and partially vegetable, with an *active preponderance* of the former. The fact that the disease only originates where men congregate, as in large cities, where the air is poisoned by human exhalations and the putrescent effluvia arising from decomposing human and animal excrements, and where, from circumstances, the very water is poisoned with percolations from privies and many other sources of animal putrescence, abundantly establishes the partial animal origin of the miasm. The lowness of site, the alluvial, argillacious, and undrained soil, the surrounding swamps, and, in some instances, the luxuriant growth and large deposit of sea-weed — conditions, with, perhaps, the exception of the last, always present, go to show the partial vegetable origin of this poisonous element of disease. The active preponderance of the animal origin derives support from the well known fact that, at New Orleans, and all other cities where the disease prevails, it first wakes its appearance where the sources of *animal* filth are most abundant, and subsequently the attacks, in other streets, are in the order of the intensity of the animal admixture to the sources of miasm. In New Orleans the animal and vegetable miasms have distinct centres; yellow fever and intermittent fevers have the same and corresponding distinct centres. The *animal* miasmatic centre is along that side of the city facing the river, while the *vegetable* miasmatic centre is at the marshes bounding the opposite side. While yellow fever is prevailing with its deadliest effects in the animal miasmatic centre, intermittents or remittents will be found prevailing extensively in the vegetable miasmatic centre.

The conclusions from the above are, that epidemics are the results of exhalations from a variety of decompositions. The type and character of the disease will be determined by the character of the source, or combined sources of the exhalations.

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Distilled Water of Copaiba.—We have examined a specimen of this article, from Hazard & Co., Twelfth and Chestnut streets. It is said that this distilled water contains all of the copaiba that is actually taken and passed off by the urine when it is administered internally. The article may be taken in ounce doses, or may be used as a vehicle for substances used for injection in gonorrhea. It has but little of the usual flavor of copaiba, and is not offensive.

Medical Societies.

BERKSHIRE (MASS.) DISTRICT MEDICAL SOCIETY.

We find a report of the meeting of this Society held at Great Barrington, July 24th, in *Berkshire Medical Journal*, from which we copy:

Dr. Parks communicated an interesting case of amaurosis in a young man of sixteen, which had lasted for several years, had progressed in spite of the most approved treatment of oculists of reputation, and now involved deeply both eyes. Dr. P. having had his attention called to the subject of amaurosis from spinal irritation by an article by Dr. A. H. Robinson, in the July number of the *Berkshire Medical Journal*, had examined the spine, and found several vertebræ extremely tender on pressure; promised to report the results of treatment at a future meeting.

Dr. Stiles mentioned that the influence of the upper portion of the spinal cord upon the circulation within the eye was well known to physiologists. Budge and Waller had designated that portion of the cord included between the sixth cervical and third dorsal vertebræ by the name of the cilio-spinal region; it is the spinal centre of the cervical sympathetic; irritation of that region was followed by contraction of the pupil, its lesion or section by dilatation. Not only does the cervical sympathetic control the diameter of the pupil, but the circulation, temperature and nutrition of the parts supplied by that nerve.

Dr. Smith reported a case of amaurosis of long standing in a man of thirty-two years of age, which had been pronounced incurable on good authority, which Dr. T. Childs had treated with blisters to the back of the neck, and behind the ears, and the internal administration of iodide of mercury. Entire recovery followed in the course of three months.

Dr. Collins had treated snow-blindness by counter-irritation to the temples and back of the neck, with favorable results.

Dr. Miller had seen periodical amaurosis in miasmatic regions; had found strychnine useful in its treatment.

Dr. Cass presented two specimens of tape worm, one twenty-two feet in length, which had been expelled by the use of pumpkin seeds, followed by turpentine and castor oil—had given in both cases, after a short abstinence, two ounces of bruised pumpkin seeds in the evening, followed in the morning by a half ounce of turpentine, with castor oil. Both cases were of strong, healthy women, affected with disordered digestion, capricious appetite, and strange sensations in the bowels, which symptoms ceased entirely after the discharge of the parasite. In one case, other remedies, such as male fern, kousso, &c., had been previously used, but to no purpose. Dr. C. had seen a large abscess of the mamma in a female infant, three weeks old.

Dr. H. H. Childs mentioned that it was a custom in many ignorant families to subject every new born infant to a treatment calculated to inflame the mammary gland, under the delusion that "something ought to be squeezed out," which would prove injurious if allowed to remain.

Dr. Brewster had treated several cases of diphtheria within the past month; had used quinine and chlorate of potash internally, and local applications of nitrate of silver. In one case, that of a girl of six years, the disease had proved fatal from exhaustion on the tenth day of the disease. Dr. B. remarked on the frequency of sloughing of the tonsils in diphtheria. This result had also been observed by Messrs. Smith, Childs and Cady. Dr. B. also spoke favorably of the use of chlorate of potash in phthisis pulmonalis; gives a half ounce of the salt daily.

Dr. Cady reported the following case for Dr. George Lyman: "Autopsy of Mrs. ——, aged thirty-two. Died October 29th. Post mortem October 30th. Near the anterior extremity of the sagittal suture, and about three lines from the falx cerebri, found a spiculum of bone about five lines in length, irregular, pointed at either extremity; two lines in width and nearly the same in thickness in the largest part, imbedded in a fibrous mass formed by the adhesion of the pia mater to the dura mater; said mass filled with granular ossific deposit. About an inch from this was a nearly circular osseous deposit of about two lines in diameter, and a line in thickness upon the dura mater. Adhesion of the membranes existed for some distance around in irregular patches, and of various degrees of firmness. Strings of adventitious membrane of recent formation appeared irregularly over the anterior half of the cerebrum. The ventricles contained about three ounces of serum. About one-sixth of the mass of the cerebrum in contact with the fluid was of the consistence of thin cream. Grey nervous matter nearly all diffluent—corpus callosum and nerves passing out of the cranium but little more consistent than thick cream. Whole mass of brain soft and white. Vessels over upper portion moderately congested."

General History. — About 10th May, M., weaned a boy over a year old, and about a week after had a well-marked epileptic fit. This was was followed by others, at irregular inecrvals, till about the end of August, when dyspnœa came on, growing urgent, till physical examition determined the heart to be crowded over to the right of the sternum, the superficial measure of the left side of the thorax one inch greater than that of the right—dullness extensive. Absorption readily followed treatment, and M. slowly mended for about four weeks, when headache and nausea began to be com-

plained of occasionally. About three weeks before death, these symptoms became very urgent, then gradually exchanged for coma which continued more or less seven days, when death ensued.

Dr. T. Childs reported for Dr. Holcombe a case of injury to the skull in a man of about forty, caused by being thrown from a carriage. The patient was comatose when found, and so remained for several hours, when complete restoration of intelligence took place, although drowsiness existed. Abundant hemorrhage from both ears, and from the wound of the scalp, to the amount of about a quart, according to the estimate of Dr. McAllister. The bleeding from the ears lasted for several hours. Blood was extravasated abundantly into the sub-conjunctival and palpebral tissue, although no evidence existed of a blow on the eye. The patient was partially deaf before the accident, since which, (for three weeks,) the deafness has been complete. Pulse not accelerated until a week after, when it rose to 120 per minute. The ecchymosis of the right eye had not disappeared. *Diagnosis*—Fracture of the base of the skull. The case is interesting on account of the serious character of the injury, with the absence of serious symptoms, and its fortunate termination.

The Society then adjourned to Dr. Collins' Institution, where a most most hospital enterment had been provided, and distinguished guests assembled, and the remainder of the day was given to festivity.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. Gibbs, M.D.

ERYSIPELAS.

In a discussion upon the subject of erysipelas, before the Buffalo *Medical Association*, as per *proceedings* in the Buffalo *Med. and Surg. Journal*, for August, Dr. Rochester said: "he regarded opium in a full dose as extremely useful, where there was either delirium or great restlessness. Salines, either as cathartics or diuretics, are advantageous, but should not be administered very freely. Quinine and iron, one or both, are required in a majority of instances. The tinct. of the chloride of iron is a good form, and is thought by many to exercise specific control over the disease in question."

We quote the above, because we think it is difficult to be improved upon. Quinine, with Dover's powders or opium, and tinct. of iron, are the remedies upon which, for years, we have placed our reliance in erysipelas. We believe there are thousands of physicians in the country, "old fogies," who stopped reading when they passed the "green-room," who still regard erysipelas as a local inflammation, to be the most successfully met with the usual antiphlogistics. It is for such this article is penned. We have not seen erysipelas as it occurs in the half-starved and broken down constitutions in the city, nor passed through one of those severe epidemics that occasionally visit the country; but, as we have seen it, we have not witnessed a death from this disease under the treatment above cited. Twice we have been called in consultation with other physicians in cases of erysipelas—both were under antiphlogistic treatment—in both we influenced a change to a plan similar to that above cited—in both, this was abandoned, within twelve hours, in favor of the former plan, and both died! We mention these facts in no spirit of egotism; but simply, as such, to be used, so far as they go, as evidence in favor of the superiority of the tonic over the antiphlogistic treatment.

Of *local* treatment, the *Abstract of the Proceedings* thus gives Dr. Rochester's remarks: "Of the supposed line of demarcation, effected by the solid nitrate of silver, he spoke only to condemn it. The tinct. of iodine was useful, but probably inferior to the tinct. of the chloride of iron as a diffuse application." We confess that we have preferred milder applications, such as, on drying, would exercise compression, by contraction, and protect the inflamed surface by a kind of artificial cuticle. Of such we may instance collodion, or that which we have oftener used, *gum Arabic paste*, medicated with a little acetate of lead. Our readers will find a more extended article by us upon this subject, in the Reporter for August 6th, 1859, or (Vol. 2d, p. 377.)

INVERSION OF THE UTERUS REVERTED AFTER FIFTEEN YEARS.

In the Buffalo *Med. & Surg. Journal*, for Sept., Dr. Henry Nichell reports a case of inversion of the uterus which came to him while practicing in Germany, after having been a source of annoyance for fifteen years, and which was successfully and easily reduced. After having reduced the size of the organ by successive applications, for a time, of aqua plumbi to it and the excoriated services, he says, "I grasped the tumor, and compressing it gradually with firm upward pressure, carried it into the vaginal canal, *I then used the thumb and two fingers pressing it onwards*, until at last the womb seemed to be in its natural position." Since that period, the patient, it is said, has enjoyed

excellent health. The manner in which this reduction was accomplished, in the latter stages of that process, shows that *replacement commenced at the neck*, and the fundus was the last to assume its natural position. The ease with which the reduction was accomplished, may lead some to doubt the correctness of one or the other of the statements—the patient's or physician's—the time of inversion, or the facility of its replacement. At present, we have another object in view than that of criticism.

Pertinent to the case above, is one which we believe has never been referred to in our *summary*—a case published in the Chicago *Medical Journal*, for March last. The case occurred in the practice of, and was reported by Dr. R. C. Hamill. The inversion occurred immediately after labor, and during the expulsion of the afterbirth. The placenta was attached: we now quote the author: "I pulled off the attached portion as quickly as possible, and grasping the inverted part, which was firmly contracted, and consisted of the body and fundus, endeavored its immediate reposition, but without success. *I then tried to indent the fundus with my thumb, but could not make the slightest impression on it.* Whilst the uterus was in my grasp, I discovered that the walls of the left side appeared to be softer and thinner than any other portion of it, which fact suggested the idea of beginning the reposition at that point. Accordingly, with the fundus resting on the hollow of the hand, I made pressure *with the ends of the fingers* upon the weakest portion of the walls of the body of the womb, indenting it, and at the same time pushing the fundus upwards; I succeeded, with comparatively little effort, in carrying the inverted portion to its place, the *fundus being the last* to reach its normal position. My hand was not withdrawn until the contraction was complete. The patient rallied speedily and asked for her child." It will be seen that, in both the cases alluded to above, the *replacement commenced at the neck*, and, to our mind, it is more than probable that the *inversion* took place in *like manner*. We are of the opinion that failures to replace an inverted uterus have occasionally occurred, because of the attempt to *indent the fundus*, and thus to commence the replacement at the *wrong extremity*—the attending physician, entirely unmindful of the easier and more natural way.

Our readers will find a brief statement of our views of the *manner* of inversion of the uterus, in the Reporter for July 6th, and August 17th, of the present volume.

CHLOROFORM IN CHOLERA.

In the San Francisco *Medical Press*, for January, which, by the way, has but just reached us. Dr. J. Rowell has an article upon *chloroform*, from which we extract the following: "ten years since, I gave chloroform, by inhalation, in *Asiatic cholera*, with a view to relieve pain only, morphine and opium, in enormous doses, having proved unavailing, being rejected by the stomach as soon as swallowed. To my agreeable surprise, all vomiting and cramps ceased, and my patient was perfectly free from pain. In this condition, the appropriate remedies were tolerated by the stomach, until their therapeutic action was fully established, and the disease controlled. Subsequent trials led me to repose great confidence in chloroform in the treatment of cholera, not so much as a curative, properly speaking, but as an agent to hold the patient stiff, so to speak, while other remedies could work a cure."

Bearing upon this point, it may not be unprofitable to refer to a paper by F. W. White, M.D., published in the St. Louis *Med. and Surg. Journal*, for May, 1860. Speaking of typhoid types of disease, which types or conditions he believes to be neuropathic, he says: "If it be true, that there is either irritation, depression, exhaustion, or alterations, of the nervous system, then we have an indication to fulfil, for which we have no remedial agent upon which we can always rely. Stimulants excite too much, while narcotics are followed by too great a depression. I think there is no agent more efficacious, or less objectionable than chloroform; this is true not only in fevers, but in all diseases characterized by *exhaustion of nerve-power.*" Cholera presents a well-marked example of nerve exhaustion, and, according to the statement of Dr. White, chloroform should be expected to act, as Dr. Rowell says it does, happily. Dr. White also makes a remark upon the therapeutic action of chloroform, which we think is correct, and which would indicate that remedy in the disease under consideration. It well deserves quotation here: "Its therapeutic action is, *first*, by its controlment of the heart's impulse, modifying the excited and irritable to a regular and less frequent action, and causing the respiratory movements to be slower and more complete, *thus effecting a larger elimination of carbonic acid, and relatively less introduction of oxygen; second*, by its stimulant effect upon the molecules, *increasing tonicity of nerves and other structures, and thereby promoting assimilation; third*, by its chemical action, *retarding oxydation in the tissues.*" The italics are ours. All three of these actions are desirable in cholera, and hence, we may urge the experience and authority of Dr. White, in favor of the statement made by Dr. Rowell. We should observe here that Dr. White would administer it in such cases by the mouth.

Dr. Powell is not the first to use chloroform in cholera; but that fact does not, of course, detract from the utility of the remedy in such cases. Dr. Thomas D. Mitchell, in his work on *Materia Medica* and *Therapeutics*, makes the following remark:—"A case of cholera is reported by a physician as cured promptly by this

medicine. It was in his own person, and he had no other article at hand, and inhaled it until he became unconscious and fell asleep. He awoke in a decidedly safe condition." (See page 293.)

Before quitting this subject, we would remark that Dr. Leczynski, in the *Western Journal of Medicine and Surgery* for 1852, recommended *chloric ether* in cholera, in the dose ʒ ss. to ʒ j. every half hour, or *chloroform*, in doses of seventy to one hundred drops, administered in milk, every quarter or half hour. He says, "It stimulates, exhilarates, coagulates protein bodies, promotes the excretion of bile, soothes and produces a temporary anæsthesia of the voluntary apparatus, but at the same time produces an increased action of the ganglionic nerves, and the organs they enter."

FRACTURED PATELLA—TREATMENT OF.

In the *Medical Press* for January, Prof. E. S. Cooper, of San Francisco, makes the following remarks upon the treatment of the above-mentioned accident:—"Our method of treating transverse fractures of the patella, and one which has, thus far, been invariably successful, is as follows: Make a longitudinal incision, of sufficient length to expose the fragments; drill the anterior margins of them with a drill, one line in diameter; then pass a silver ligature through the holes thus made, and, by crossing the ends and pulling stoutly upon them, bring the separated parts together. A knot is then made by twisting the ends of the ligatures together, which holds the factured portions of the patella in apposition, by which a *bony union always takes place.*"

As essential to success, Prof. Cooper insists that the wound be healed by granulations, and not by first intention. To this end, lint should be placed in the wound, and the limb tightly bandaged from the toes to the middle of the thigh. The dressing he would advise to be changed only once a week. At the end of the third week, he would omit the lint, but continue the bandage. The wires should be removed at the end of six or eight weeks. He concludes by saying, "After the operation of applying metallic ligatures in this way, the patient scarcely ever suffers to any considerable extent, and generally remains entirely free from pain during the whole course of treatment; but, in order to have it so, the *keeping of the wound open and the application of the tight roller are indispensable.*"

ARSENIC IN UTERINE HEMORRHAGE.

Before the *San Francisco Medical Association*, as per report in *Medical Press* for January, Dr. Cole, speaking of arsenic in uterine hemorrhage, said "he had found it succeeded admirably in controlling hemorrhage following abortion, and that, when the flowing was great, it acted like magic, in doses of ten drops of Fowler's solution." For ourselves, we do not believe that hemorrhage, after abortion, very often occurs, unless the secundines are left behind. In that case, their prompt removal puts an end to the hemorrhage at once, and the patient is freed from anxiety, and placed in a condition of safety. Without such removal, we do not believe that *arsenic* or *ergot* is to be relied upon. We have treated many cases of post-abortional hemorrhage, and we, of late years, put an end to the hemorrhage at once, by emptying the uterine cavity of its contents. But little medicine is then required.

MUTES.

The total number of deaf and dumb persons in France, is 21,576. Of these, 12,325 are males, and 9,251 females. The proportion, with respect to population, is 1 deaf and dumb person in 1,669 inhabitants; 1 in 730 men, and 1 in 939 women.

ASCITES COMPLICATING PREGNANCY.

When, in a case of this kind, all the dropsical effusion is evacuated by means of the ordinary trochar, and at one time, contraction of the uterus generally comes on at once; abortion or premature delivery, therefore, may be the consequence. To prevent this accident, M. Pigeolet advises a simple puncture to be made with a needle or a capillary trochar at the umbilical bulging, which almost always exists in these cases. The liquid escapes, drop by drop, and the danger of miscarriage is avoided. M. Pigeolet has employed this method in one case with entire success.—*Journal de Médecine de Bruxelles.*

TREATMENT OF INGROWING TOE-NAIL BY PERCHLORIDE OF IRON.

This painful affection, which has seemed to obstinately resist all treatment for its radical cure short of excision, is said to be permanently relieved by the application of perchloride of iron. The suggestion is from M. Wahn, Physician of the Military Hospital at Nice, and is published in the *Gazette des Hopitande.* M. Wahn gives the following account of his experience in the treatment of his own case:

"I was struck with the idea that, if I could dry up or even *tan* the diseased surface, so that the ulcer might be converted into a firm surface, capable of resisting the cutting action of the edge of the nail, I might obtain a complete cicatrization, and consequently a cure. Run-

ning over in my mined the most energetic tanning substances, I decided on employing the *perchlorure de fer*. I obtained some in a powdered form, and insinuated it as deeply as possible between the free edge of the nail and the ulcer. I felt almost immediatefy a moderate sensation of pain, accompanied by a feeling of constriction and a strong, burning sensation. A quarter of an hour after I attempted to walk, and, to my great satisfaction, I found I could bear my weight on my foot throughout its entire length without the least pain—a thing which I had not done before for many months. The following day I carefully examined the diseased parts, and found them mummified and as hard as wood. I applied a fresh quantity of perchlorure de fer, which I allowed to remain for a quarter of an hour; but I have reason to believe this application was useless, as the mummification was complete bp the first process. I continued to walk without the least thought of *ongle encarné*, and about three weeks after was able, by means of a pediluvium, to remove the hardened layer of skin, under which I found a tissue of new formation, which perfectly resisted the pressure of the edge of the nail. Shortly after the whole had returned to its normal condition, and, since, more than two years have passed without a return of the disorder." —*Boston Medical Journal.*

EXPULSION OF TÆNIA BY COPPER.

Dr. Thienemann, of Prussia, says that he has invariably succeeded in expelling tape-worm by oxide of copper, administered in one-grain doses four times a day. The doses, he says, may be much increased without bad effect.

ON REMOVAL OF THE CERVIX UTERI.

The safety and desirability of removal of the neck of the uterus in certain abnormal and diseased conditions, may still be regarded as questions *sub judice*. Notwithstanding the success which has attended this operation in the hands of Lisfranc, Hugier, and others,—still, fatal results have ensued, which have led some practitioners to regard this procedure with a reasonable dread. It appears that the two following important questions have yet to be decided:—1st. What are the most suitable cases? and, 2d. By what means can the removal be most safely effected? As a small contribution towards the settlement of these points, I beg to submit the following facts to the attention of your readers:

I may mention that a similar case, at which I assisted, with equally satisfactory results, has occurred in the practice of one of my colleagues. Mrs. H. applied at the Samaritan Hospital on March 18th last. She stated that her age was twenty-five, and had been married six years, but had never been pregnant. Her complexion, fair and ruddy, was much pitted by the small-pox. She commenced to menstruate when between fourteen and fifteen years of age, and always suffered more or less pain about the back and loins a day previous to the appearance of the discharge, which was free, not clotted, and lasted from four to five days. She has generally enjoyed excellent health. On one occasion, however, about two years and a half ago, the catamenia continued about eleven weeks, and was attended with great pain; the discharge was bright red, and she is sure "no lumps came away." Before marriage, she had no idea that "anything was wrong;" but shortly afterwards a "swelling came down," which so interfered with her duties as a wife, and led to such frequent disagreements with her husband as to induce her to seek my advice. The swelling, at first small, gradually increased to its present size. For the last two years, the catamenia have become very scanty, lasting about five days, and always attended with much pain.

A vaginal examination detected the cervix uteri protruding between the labia to the extent of an inch, considerably enlarged, corrugated, but not unduly sensitive to the touch. On passing the finger to the extent of about two inches over the growth, which was clearly an hypertrophied cervix, a line of demarcation was distinctly felt, which appeared to indicate the healthy from the diseased portion. The sound passed easily through the os into the body of the uterus to the extent of five inches and a half—three inches beyond the normal distance.

On May 17th, after a consultation with my colleagues, I proceeded, while the patient was under the influence of chloroform, and in the presence of Drs. Savage and Routh and others, to remove about two inches and a half of the cervix with the écraseur, which took about half an hour, during and after which scarcely a drop of blood was lost. She progressed most satisfactorily for ten days, when the catamenia appeared, and for the first time without pain, somewhat more copious, and lasting a week.

On June 1st, the wound of the cervix was healthy, and the os uteri pervious; tepid water to be injected into the vagina twice daily.

On the 10th and 17th, the nitrate of silver was applied.

On the 25th, she again began to menstruate without pain, and lasting five days.

On July, 11th, a careful examination detected the cervix of normal size and structure, the wound having quite healed; the os uteri was pervious, and easily admitted the sound to the extent of three inches.

Some time was occupied in adjusting the écraseur, which might have been avoided by transfixing the cervix with a vulsellum, and drawing it beyond the vulva; but it was deemed far more judicious to effect its removal while the uterus was *in situ*, a principle I would strongly urge upon those who undertake similar operations upon that organ.—*Med. Times and Gazette.*

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D.
R. J. LEVIS, M. D. } Editors and Prop's.
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, OCTOBER 5, 1861.

COMMENCEMENT OF THE SEVENTH VOLUME.

To-day the Medical and Surgical Reporter enters upon the fourth year of its publication in the weekly form. Scarcely any three years in the last twenty-five could have been selected which were more unfavorable for the inception of such an enterprise. Its record for that period of time is before the profession; and the fact that it commences the seventh volume with a larger subscription list than it ever had, and that it still lives despite the adverse influences which, during the last few months, have compelled many of its cotemporaries to suspend their publication, is not only an evidence that its pages supply a felt want of the profession, but that its efforts to elevate the standard of medical education are rightly appreciated. As in the past, so in the future, the conductors of the Reporter will labor to the utmost of their ability, to meet fully the wants of the profession. Our standard of excellence is high, and, while we strive to realize that standard, we invite to our aid the whole profession. As in the flowers of the woods, poisonous as well as innoxious, there is contained an abundance of sweets, which the "busy bee" must gather, in order that honey may be compounded in its cell; so, stored away among the mass of our noble profession are rich mines of excellence and knowledge, which it is the great object of this journal to collect togther, for the benefit of each and every member; and a reference to any single number, or more particularly to the index of a volume, will show not only the diligence with which we labor to this end, but also that the talent of the profession is enlisted for the same purpose through its columns; and even the troublous times through which we are now passing in our country's history, fails to diminish the number, variety, and value of the original communications which are furnished for its pages. And now, as the winter-months approach, the lecture and clinic season will afford us still further and rich material, from which to cull for the gratification of our increasing number of readers. It is our ambition to make the Reporter the medium of weekly communication between members of the profession in all parts of the country; to render its visits a necessity with which they cannot dispense; to merit their patronage and good will.

It is, then, a fitting time to remind correspondents that "brevity is the soul of wit, as it is the primary object of our journal to be a vehicle for the circulation of ideas and facts of a *practical* kind. Speculative, theoretic, and extended essays are more appropriate for journals that are published less frequently, and that contain a larger number of pages in a single issue. There is a class of subjects, however, that can be treated of in successive numbers of a weekly journal, each paper being, in a measure, complete in itself, and yet the whole series forming a connected essay on a given subject. Several series of this kind have been furnished to the readers of the Reporter. In this way some of our best standard medical works were first published through the pages of the two great weekly medical journals of London—the *Lancet* and the *Medical Times and Gazette*.

THE ABUSE OF CHILD-LABOR.

There exists no greater discredit to the humanity of the age than the toleration connected with child-labor in England. Our own sectional blight of negro slavery appeals less to the instinctive sympathy with injured innocence. The child of the negro slave of the rice swamp spends his time in play, and grows up with vigor. The poor white factory child of England is blighted in almost infancy, is broken in health and spirit by toil and restraint, becomes cachectic, and probably ends a miserable existence in a public hospital.

Fortunately the subject is receiving a philanthropic attention which, it is hoped, will mitigate the slavery of children. Some years ago the subject of the abuse of child-labor was investigated by a Commission appointed by the British Government, and its cruelties were exposed, and its evils lessened. The helplessness of the innocent objects of the abuses makes their condition demand a continual watching.

The *Lancet* says that in some new departments of manufacturing, the abuses connected with child-labor are so great, that a new inquiry has been deemed desirable.

At the last investigation through the Commission alluded to, the *Lancet* says that it was ascertained "that children were set to work by hard-hearted and rapacious parents as early as three and four years of age! and that, in general, regular employment commenced between seven and eight. Pins, earthenware, machine-lace, hosiery, etc., were made in part by mere infants. Sometimes this forced and monotonous labor was continued from thirteen to fourteen hours consecutively; whilst the instances were rare in which the regular hours for work were less than twelve. Corporeal punishment was often inflicted upon children, they being sometimes severely, and occasionally cruelly used. In one branch of manufacture, in a particular district, the treatment was found to be oppressive and brutal to the last degree. It was also found in one town that hundreds of men were supported by the earnings of their wives and children, the former too often spending for purposes of drink the money they might occasionally earn themselves. Where physical wretchedness and suffering are as great as this, the condition of morals is necessarily of the lowest kind; and this it was ascertained to be. Education in such homes as were described by the Commissioners was either useless or impossible; and and the state of the females was deplorable in the extreme, Early death, crippled forms, and distorted limbs, with all their disabilities, and protracted suffering, prevented most of these wretched girls ever rising to the dignity of a wife and mother. Such a terrible picture, in fact, was presented by the effects of allowing parents and guardians to put young children to manufacturing labor that, after an attentive consideration of the reports the several Commissions, Mr. Senior remarked:

"'WE LOOK WITH SHAME AND INDIGNATION AT THE PICTURES OF AMERICAN SLAVERY, BUT FIRMLY BELIEVE THAT THE CHILDREN AT THE WORST MANAGED PLANTATIONS ARE LESS OVERWORKED, LESS TORTURED, BETTER FED, AND QUITE AS WELL INSTRUCTED, AS THE UNHAPPY INFANTS WHOSE EARLY AND LONG-CONTINUED LABOR OCCASIONS THE FABULOUS CHEAPNESS OF OUR HARDWARE AND LACE, AND WHOSE WAGES FEED THE INTEMPERANCE OF THEIR PARENTS.'"

We will not assert that in respect to the abuse of child-labor we are entirely guiltless; and a Commission, such as that appointed by the British Government, might indeed disclose instances of oppression of young children to labor, and to a bondage to daily and nightly toil and confinement which debars them the advantage of mental improvement.

Such may be the case in some of our manufacturing towns, the populations of which, in habits and pursuits, resemble the factory workers of England. If such an oppression of young children does exist among us, their physical failings must come under the observation of medical men, and to them we would appeal for its exposure and public condemnation.

EDITORIAL NOTES AND COMMENTS.

Important Suggestions for the Army.—Dr. C. F. W. Haase, Surgeon of the Fifth Regiment, New York State Militia, in a recent letter, makes some suggestions from his experience in camp-life, which are worthy of note. Among the causes which, in his opinion, "are already at work to undermine the health of the army," he mentions the salt pork which the purveyors of the army are furnishing for the soldiers. He says in his encampment, he was compelled to condemn this article "at three different times," it having at one time "so poisonous an effect, that nearly a whole company were taken after dinner with severe vomiting and prostration." He recommends in its stead smoked bacon as being more nourishing and digestible. The coffee also, he says, was frequently mouldy and of very inferior quality. The constant use of dried beans, he judges, to be hurtful from the fact that whenever this article was served to the men, he always had a large number of patients suffering from colic, diarrhœa and vomiting; and from the fact that this state of things was changed, when the regiment was served with dessiccated vegetables. He suggests the attachment of a field bakery to each brigade, so that the soldiers may be supplied with good bread instead of the hard biscuit now used. Dr. Haase does not believe in the total abolition of spirituous liquors among the soldiers; occasionally it should be furnished to

them. "Whenever the Regimental surgeon should deem it necessary to issue a whiskey ration it should be done; however the quality should be good and the quantity small." Why should not this article be placed in the same category with other medicines, and prescribed when necessary, in the same manner, and under the same restrictions? The testimony of Dr. Haase on this point corresponds with the opinion of all the most eminent surgeons of the age. The use of liquors, such as are usually furnished, is deleterious to the health of the army, and tends only to produce utter demoralization. Especially is this the case with lager beer, which, he says, invariably produces diarrhœa.

In regard to ambulances and their management, the Doctor makes some excellent suggestions. "Each brigade should have a company, whose duty should consist in taking care of the litters; carrying the wounded from the field of battle to the surgeon's department. They should be taught to apply a bandage and put on a tourniquet in case of need." The suggestion here made is in part carried into effect by the appointment of medical cadets, but the necessity still remains of detailing men from the ranks to take care of a wounded comrade.

But still further he suggests the adoption of the celebrated Stromeyer's plan, by which he was enabled to attend to the more severely wounded first. To accomplish this object, he directed a a red flag to be stuck in the ground near the severely wounded man, so that the litter bearers might be directed at once to the spot. Thus many lives were saved. The same surgeon also ordered each man to put a bandage on the top of his knapsack before going into action, so that this needful article might always be at hand.

Ambulances for the Pennsylvania Reserve Corps.—We find in one of the daily papers a notice of the ambulances which have been prepared under the personal inspection of the Surgeon General of the State for the Reserve Corps. These carriages are of two kinds, one for four or two horses, capable of carrying four soldiers lying down, and eight sitting up, and another for one horse, capable of carrying two at full length and four sitting. Each carriage is provided with the latest improved platform springs, and contains inside one or more spring-mattrasses, composed of wire springs and the best curled hair, covered with india rubber cloth. The mattrasses are so arranged on light frames that they roll readily into and out of the body of the carriage. When lifted out of the carriage by their handles, four legs fall to the ground and support the bed in a manner similar to a hand-barrow. In addition to this, each bed is so jointed that any portion of it may be elevated at pleasure, thus securing an easy position to the wounded. Close curtains, with glass, capable of rolling up in sections, with ventilating slides at different points of the body, secure the comforts of shade and fresh air, whilst insuring protection from the weather. Each carriage has hooks and a rack to carry the soldiers' arms and clothing, with various pockets for surgical dressings; in addition to which, each one is provided with a large barrel of water to slake the sufferer's thirst. They were manufactured in this city, and the whole number—sixty—were completed in thirty days time. A hospital transport cart accompanies every four ambulances, and carries all the hospital furniture, medicines and cooking utensils for the sick and wounded, either on the march or in camp. The organization and equipment of this body of men is now complete. Every thing requisite to their efficiency as *combatants* is in the most perfect order, and equally complete arrangements have been made by the provision of medicines, instruments, hospital tents, ambulances, and medical officers of a high grade, to remedy the physical evils to which they may be exposed in the performance of their duty as soldiers.

Medical Heroism.—"*We cannot leave these bleeding men; it is our business to take care of them, and take care of them we must, no matter what becomes of us.*" Such was practically the heroic reply of Surgeons Foster, Swift, and DeGraw, of the Eighth New York Regiment, as they were urged by a United States officer to leave the soldiers whose wounds they were dressing. To all human appearance death must be their lot, for the enemy were approaching, and would give no quarter, their position would be shelled, or they bayoneted, they were told. Still these brave surgeons stood firm at their posts, and so determined were they to perform their whole duty, that when there came a rush of cavalry and a hoarse voice, behind a pistol, demanded, "Do you surrender?" the reply was "Certainly," while they continued the amputation they had begun, tying the arteries and

finishing their dressings, as though in a surgical ward unmolested. Such an instance of heroic bravery in the midst of the general stampede of that memorable occasion, is deserving of perpetual record. Its heroism is far above that of the mere combatant. It reaches a height of sublimity which the hero of a thousand battles can never attain. Let their names be honored.

A Word to Subscribers.—With the Reporter, for September 21, we sent notices to those of our subscribers whose subscriptions expired with the present volume. This is in accordance with our usual custom. In some instances, through inadvertency on our part, or neglect of our agents, notices may have been sent to those whose subscriptions do not expire at that time. In every such case we shall be most happy to correct the error, upon information of it, and would specially request all such to inform us at once. Mistakes sometimes occur in the best regulated offices, and by us will be always most cheerfully and promptly corrected when made known.

The Philadelphia County Medical Society meets, we are informed, on Wednesday evening next, Oct. 9; subject of discussion, *Puerperal Convulsions.*

The Northern Medical Association meets on Friday, Oct. 11, with the same subject of discussion.

We have been informed that the recent announcement of the suspension of the course of the Pennsylvania Medical College, has been erroneously understood by some individuals residing at a distance, as referring to the University of Pennsylvania. Our correction of the error is unnecessary to most readers, who must be familiar with the latter named institution.

The session of the University of Pennsylvania will commence as usual, as may be seen by referring to the announcement in the advertising columns.

Dr. Neligan, the able conductor of the *Dublin Quarterly Journal of Medical Science* for twelve years past, has relinquished its management, owing to the pressure of other engagements. Dr. Geo. H. Kidd, who has been a large contributor to its pages, is the new editor.

The Medical Times and Gazette records the instance of a man who was "smashed in a most awful manner" by a body of rock, weighing about five tons, falling upon him. And yet "his heart was found entire about five yards from the body, and, when first seen, actually palpitated. An arm, likewise, was literally cut off and thrown from the body."

A New Hospital.—The hospitality of Philadelphia towards the noble men who have volunteered to defend the Constitution and the Union, has, it would seem, culminated in the proposed erection of a hospital for the sick and wounded, the corner-stone of which was laid on Wednesday last, at the foot of Washington street, between the Refreshment Saloon and the river. The building is to be 32 by 22 in size, of wood, and is intended to furnish accommodations for renewing the bandages, washing the wounds of returning soldiers, so that they may be forwarded in a state of comparative comfort on their way home. The corner-stone was laid by Ex-Governor Pollock, and contains the American flag and a picture of the Refreshment Saloon. The names of Dr. Ward, C. Myers, and B. A. Brown, are mentioned as Committee of the Hospital.

Amputation, an Important Suggestion.—At his Clinic on Wednesday last, which terminated his service, Dr. Hewson made an important suggestion in regard to amputations of the leg, which we take occasion to note down for the benefit of our readers. In these amputations, he remarked, the injunction is to make the stump as long as possible. This must be taken with limitations if the patient is to be provided with an artificial limb. If the stump be made too long, the ankle of the artificial limb will necessarily be larger than the natural one, a matter of some consideration if the patient be a female, and of vast importance to the artificial limb maker, the perfection of whose art is, to make it serviceable, and to render it difficult to distinguish the artificial from the real one. For this purpose, therefore, the amputations should be made from two to three inches above the ankle-joint.

A Medical Charity Fund.—The *British American Medical Journal*, in recording the application of a worthy physician, for an allowance from the funds of the College of Physicians and Surgeons of Lower Canada, and its refusal

on the ground "that the Board of Governors had no power so to dispose of the funds of the College, and moreover, because the petitioner was not a member of the College," takes occasion to compare the three leading professions, with reference to the compensation afforded by each as a fund for support in declining years. Its observations are not only just but appropriate, and offer a strong argument in favor of the formation of a "benevolent fund," from which disabled members of the profession, their widows and families, (always premising worthy) may be aided in their extreme necessity. Its language is as follows:

"Of the three professions, Divinity, Law, and Physic, it may be said, that the representatives of the first class scarcely do more, from the scantiness of their annual salaries,—which is barely sufficient in the large majority of instances,—than support their families, and maintain their external appearance as gentlemen. Hence in most of the churches provision has been wisely made, in the event of their demise, for the support to a certain extent of their widows and families. The members of the second profession,—whether by the industrious pursuit of their calling, or their preferment to offices of place and power, which seems, however absurdly to be considered as centred in it, continue in the majority of instances not only to possess an abundance of this world's goods, but are enabled also to leave fortunes to their families. With the third class, whom we represent, and than whom none toil more severely, whether by mind or body, through heat or cold, through wet and dry, by night and by day, how many let us ask, how many by their own fruitful toil, unaided by extrinsic circumstances, are enabled to leave even an adequacy for the support of their families? Very probably not one per cent., and we have little hesitation in stating, that the labor in the profession of medicine is immeasurably more severe than in either of the two sister professions. And usually with so poor a prospect for those who propose entering its pale, there must be something beyond the mere love of lucre which tempts and attracts. What that is which can thus inspire men to devote ther lives to the relief of a suffering humanity beyond an influence so powerfully operative in ordinary minds, any one who has once imbibed its limpid streams can tell. We do not arrogate for our profession a pre-eminence over the others. Far be this from us; for as much as human salvation transcends in the sublimity of its object everything of a sublunary character, so must the palm in this respect be awarded to the profession of Divinity. But if our profession has to succumb in such a respect to the nobler one alluded to, it yet as much transcends that of law, as the salvation of human life is not to be measured by pounds, shillings, and pence. That there is something peculiarly attractive in the study of medicine consists in the fact, that independently of its high and almost holy mission, there is no subject connected with natural science of which it does not, may not, take cognizance. Hence there is none, with the exception mentioned, which induces its student to search more narrowly, and recognize a "nature's God;" and therefore none which can induce a man for that sake, who is thoroughly imbued with the true feelings or principle of his profession, to devote his time, which is his means, to works of benevolence and charity. How much of a physician's time might have been devoted to profitable pursuits which might have enriched his purse, let the history of every physician pronounce, no matter what his present status. Hence there must exist little wonder why physicians generally die poor, leaving nothing for their families but a name, it may be possibly among the honored ones of the earth, but a *vox et præterea nihil.*"

Correspondence.

DOMESTIC CORRESPONDENCE.

Belladonna in Diphtheria.

Philadelphia, *October* 1, 1861.

Messrs. Editors:—Notwithstanding the fact of my having been quoted in your "Summary," of September 14, by Dr. Gibbs, in such a way as to be considered an advocate of this treatment, I beg the privilege of saying that I have but little confidence in it, and that I most certainly never wrote in favor of it.

I do not wish to make a sweeping condemnation of it, but surely never recommended it, not even in conversation, much less in print, which latter I make it a point never to do with anything until after a fair trial in my own practice; and this I have never given to the use of belladonna in diphtheria. And my reasons are as follows: First, I have never seen it recommended in such a way as to show me satisfactorily that it was *the* remedy for the disease, either by theory or effect. Secondly, my ideas of the disease and remedy are such, that I do not conceive how or why the one should be applicable to the other under any ordinary circumstances. The Doctor's mistake—at least with regard to my writings—lies in the fact of confounding common sore throat with diphtheria, a position, in my view, as wide of the mark as that other theory which unites this latter disease with scarlatina.

Where he quotes me, I was clearly, emphati-

cally, and *only* speaking of its use in ordinary sore throat, and exclusively in the incipient stage; and not once throughout the whole article, did I even allude to diphtheria. And another years' trial bears me out in what I then wrote, viz: "My experience with it in incipient sore-throat would lead me to rank it almost as a specific, if used sufficiently early. My plan is to give the sixtieth of a grain of atropia," or the quarter of a grain of the extract, "and I rely upon it confidently if given within six hours of the first appearance of inflammatory symptoms. I have tried it repeatedly upon myself, as well as others, and yet have to note the first failure."

But, to have given me an impartial hearing, he should have continued where I stated that, "After six hours,"—not of the physician's attendance, but of the disease—"I have found it of much less advantage, and beyond twelve, have even thought it productive of aggravation."

One dose, or at most two, at an interval of several hours, is all that I give for the above purpose; and should this not suffice, it would be best to give something else.

I will quote, also, my explanation of its action, which I still see no reason to change:

"It is well known that it has a peculiar tendency to the throat—as much so as ergot has to the uterus—producing a dryness and constriction of the fauces, a change of voice, etc.;" and I infer from the results that "its *peculiar* and anodyne properties act as repellants against the determination of fluids toward the inflaming tissue—a necessary part of inflammation—and, by allaying the nervous excitement, allowing the healthy action to be resumed, which, in the incipient stage, may readily be done, there having been, as yet, no effusion or change of structure; but at a later date, change having taken place, and the fires of inflammation glowing virulently, it ceases to be applicable; perhaps, from the dry surface produced, allowing the atmospheric oxygen to come into ready contact with the superabundant blood and other fluids now present, and thus adding fuel to the flame. A blast of wind will readily extinguish the new-born blaze, but allow it a few moments existence, under favorable circumstances, and then all the winds of heaven will but add fierceness and fury to its life: and just as the fireman would now throw on torrents of water, instead of trying to blow out the fire, so the physician must change his tactics as inflammation advances or takes on new forms."

You will readily perceive, by referring to the article quoted from, Vol. 5, page 137, that I only had reference to the treatment of ordinary angina in its earliest stage, by this medicine, and by turning to page 125 of Vol. 6, commencing at the last line on the page, you will see that, after having spoken of the use of chlorate of potassa in diphtheria, I state my belief and experience that after the inflammation is *fairly established* even in simple angina, the chlorate is one of our best remedies, if not the best, though it should be aided by rubefacients externally, and occasionally by medicated gargles.

Now, how it is, that from any one, or all, of these statements, I should be quoted as an authority in an article of the "Summary" headed "Belladonna in Diphtheria," is to me a most puzzling problem.

Indeed, my belief, as might easily be gathered from the two articles from my pen, already referred to, is, that belladonna is not useful, but deleterious in established inflammation of the throat from whatever cause. And if so, certainly inapplicable in diphtheria by the time it can be diagnosed as such: *i.e.*, by the time that the inflammation has advanced to the point of exudation of false membrane.

Furthermore, diphtheria not being a local disease, but, as I have heretofore expressed myself, Vol. 6, page 125, "a systemic disease with a local manifestation," in which "if you correct the derangement of the system, the local trouble is at the same time corrected;" it requires specially to be attacked through the system, and for this purpose I know of no remedy that acts better than chlorate of potassa, so administered, and such attention being paid to the cleansing of the throat, that its marked local effect may also be secured.

This latter effect is secondary in importance it is true, but not to be overlooked in a disease where every beneficial influence is needed, and where, at best, death will ever and anon override the most consummate skill.

N. B. Should any one be induced, either by Dr. Gibbs' article, or the present one, to revert to the one in Vol. 5, they will please make the correction in the text as directed on page 184 of the subsequent number.

J. W. Thompson.

NEW YORK CORRESPONDENCE.

"Non ego mordaci distrinxi carmine quenqam,
Nulla venenato est litera mista joco." *Ovid.*

Having leisure for specific purposes, I moved on, the other day, with the "profanum vulgus," with a view to gaze upon the Hospital College and College Hospital embraced within the comprehensive and generic phrase of "Bellevue." While waiting for some learned cicerone to escort me through the by-ways of sickness and the fetid paths of duty, I ascended to the amphitheatre of the hospital proper, and beheld the skillful Mott (Alexander) remove a testicle, the sad result of constitutional peculiarities. The deed was done with a becoming carefulness, and in accordance with the proper principle, "festina lente."

Through the courtesy of Drs. Fernandez and Fish, the mysteries of the penetralia were laid bare to view, and the essential features of the

new medical alembic disclosed for future criticism. I leave romance, and, with the fittest brevity, enter upon the task of a description.

There is nothing peculiar about the brown outside of the building to elicit comment; but, on entering the lecture room, I found a model in the way of neatness, comfort, and surroundings of a cheerful character. The gradually rising, cushioned seats—the admirable distribution of the clearest light—the proper situation of the operating table, whither every student can cast optical reflections—at once revealed the capabilities of such a room, the vast importance of its excellent acoustic principles, and the normal faculties of him who planned the auditorium.

Prof. Doremus, who so gracefully combines the gentleman and scholar when about to lecture, opens two wide folding-doors directly opposite this semi-circle of collected students, where his apparatus is arranged within the laboratory, and the interesting series of experiments may be witnessed without that hurried movement incident upon the foolish custom of employing separate rooms for every learned doctor who desires to instruct the lucid minds of those intent on science and collateral affinities.

The lecture room could comfortably accommodate some three hundred aspiring students. I particularly employ this term, "aspiring" in contradistinction to those I designate "respiring;" the former indicate sitting listeners; the latter, lazy loungers, who deform the body in proportion as their minds are crooked and, reclining with their unhooked legs, drink in the drowsy tinklings of last night's debauch. The list of names of the professors who engage to enter on the pleasing duty of indoctrinating the soundest precepts, is itself of no small weight. Profs. Wood, the practical; Sayre, the bold; Doremus, interesting; Barker, energetic and experienced; æsthetic Elliot, who embodies poetry and practice, skill and sagest sense, promptness with propriety; Flint, the conscientious; Taylor, richly endowed; Hamilton, *the* surgeon; McCready, a suggestive lecturer; Teats, Masly, and Tim. Childs, efficient when desired; and Charles Phelps, a promising physician, who, unlike most of his race, doth keep his promises. With this array of really qualified portrayers of pathology and hygienic axioms, combined with the immense store-house of accommodating legs that "must come off;" arteries that need immediate ligatures; women "ever to be blest," and all diseases that require demonstration, (and occasionally bronze disorders,) how can he who is possessed of ordinary mental aptitude, fail to drink freely of this stream and rise to eminence and public estimation.

Prof. A. K. Gardner, of this city, who edited Tyler Smith's lectures with ability and useful suggestions, has lately appeared before the medical world as the translator and annotator of "Scanzoni's Diseases of Females." This book has been appreciated to the fullest extent, in the original, by those who were enabled, by their educated talents, to peruse it in the native language; but the vast majority of the profession were deprived of its utility from want of an American edition. Dr. Gardner's translation is easy and natural, free from the bombast of a pedant, and as nearly as possible allied to the exact meaning of each sentence as it came hot and fresh from the learned writer's fertile mind.

This work cannot fail to meet with hearty welcomes from the elder of the profession, while the young men of medicine will derive countless benefits from its desirable presentation, careful annotation, conscientious handling, and important ethics. Those alone who undertake to be the vehicles of thought from one country to another, can appreciate the dull labor, and sufficiently feel grateful to the doctor for his indefatigable efforts in behalf of therapeutics.

GOURMET.

PHARMACOPŒIA NEERLANDICA.

Rochester, N. Y., Sept. 1861.

MESSRS. EDITORS:—I noticed with pleasure an announcement in your last number of the MEDICAL REPORTER, (Sept. 7th,) that the new edition of the United States Pharmacopœia will be ready next year. In connection herewith, I beg leave to call attention to a work of kindred character recently published in Holland, viz: "The Pharmacopœia Neerlandica." Some years ago, the King of the Netherlands appointed a Board for the purpose of improving the Pharmacopœia of that country. The gentlemen chosen, were, A. H. Vander Boon Mesch, G. J. Mulder, C. Mulder, W. H. de Vriese, A. J. d'Ailly, C. Pruys van der Hœven, and G. C. B. Suringar.

After much labor and difficulty, necessarily accompanying so important a work, it was accomplished; and at last to my great delight, this pharmaceutical law book lay before me. It is written in the Latin language as a tribute to the cosmopolitanism of science, like the Pharmacopœia Borussica, which work it resembles in its style and character.

In every case, but one method is prescribed for making preparations; while such subjects as botany, materia medica, therapeia, and pathology, are, as they ought to be in such a work, carefully excluded. It is in reality a literary gem; were I to attempt to note its chemical and pharmaceutical superiority, my pen would utterly fail in the undertaking.

That it is the work of the above-named authors and professors of Utrecht and Leyden Universities, should inspire universal confi-

dence and respect in relation to it. It is published by the Government, and printed in Hague.

Gerard Arink.

ARMY CORRESPONDENCE.

The Speedy Impression of Malaria in a Camp, and Rapidity of Recoveries when Removed from its Influence.

Camp near Rockville, Md., *Sept. 26th*, 1861.

When I last wrote you we were stationed in a low, malarial region near Darnestown. Previously to that time we had been in no country, which physically indicated anything peculiarly unhealthy. Our regiment had suffered very little, the inevitable diarrhœa lasted but a few hours, and then yielded readily. The weather being agreeable and pleasant, catarrhs were rare and of a mild character; in fact, nothing serious had occurred to impair the strength or diminish the ardor of the troops. The location for encamping at Darnestown had been selected carelessly and to suit convenience, from the fact that it was supposed that we would remain a very short time. Different, very different, was the appearance of this place from our other encampments. Here the rich, fertile valleys, reaching as far as the eye could reach, were covered with rank verdure and tangled morasses, plentifully dotted in the low places with stagnant pools, the remains of recent rains, in which frequently lay large masses of rank grass, weeds, and fungous vegetation, thus having all the requisites for the evolution of noxious paludal air as they lay reeking and decomposing in the hot noon-day sun. Such circumstances as these, with the autumnal months, and this period of sun-shine and rain approaching, must have caused much anxiety to the most careless observer. Still more so when it was known that this region had been long famous for the virulence of its miasm.

The second morning after our arrival, our sick-list, which had been, ordinarily, about eight or twelve, increased to twenty-five. Of this number, twenty at least, were suffering from the effects of malaria. As yet, however, there were no cases which had all the characteristics of intermittent fever, they complained of a sense of uneasiness and languor, of slight rigors and flashes of heat and inability for exertion, but without any regular or well defined paroxysm; nor were the objective symptoms more distinct; the pulse was slightly increased, with the smallest perceptible amount of fever. The eyes were often suffused; the tongue pale and tremulous, but presenting nothing peculiar. True, I have noticed what might have been called the "malarial margin," of Osborne, but this condition is observable in diseases having no connection with this mephitic air.

In the first few days we had many doubtful, irregular—febris intermittens larvata—cases, which were sufficient to put us upon guard and warn us of the approach of a malady, which, though rarely fatal, often entails profound and dangerous sequellæ.

Gradually the cases became more distinctly periodic, presenting the regular pyrectic and apyrectic stages; those cases which at first were vague and doubtful, became well-marked and certain. Thus the number of cases regularly increased, both in number and severity, until it became necessary to apply to the Commanding General for permission to move to another location. Having obtained this, we selected, a few miles distant, a high, level tract, nearly surrounded with pine-land. This change has made a rapid and favorable impression, nearly all the cases of malarial fever have disappeared; in fact all, except those upon whom it was deeply engrafted at Darnstown.

J. W. Lodge.

NEWS AND MISCELLANY.

Dr. D. M. Skinner, of Caldwell, Essex Co., N. J., has received the appointment of Assistant Surgeon in the U. S. Navy.

Mr. J. M. Maisch, pharmaceutist, of this city, has been appointed to the Chair of Materia Medica and Pharmacy in the N. Y. College of Pharmacy.

Mr. F. F. Mayer, also of this city, has been appointed to the Chair of Chemistry in the same College. Both enter upon their duties at the approaching session of that College.

The Faculty of the Polytechnic College of this city has been increased by the appointment of Col. Chas. M. Eaken, formerly instructor at West Point, as Superintendent of Military Instruction, and of Mr. Emile Pollmar, formerly of the Royal School of Mines, Freiberg, Germany, as as assistant in the Schools of Mines and Chemistry.

Dr. Samuel D. Crawford, the Surgeon of Fort Sumter, has been appointed a Major in the regular army. In the bombardment of that fort he commanded a portion of the ordnance, and exhibited great bravery. He is ordered to report to General Rosecranz, in Western Virginia.

Dr. J. C. Eastman is Surgeon, and Dr. S. P. Gauly Assistant Surgeon of the Fourth New Hampshire Regiment.

The Medical Times and Gazette records the death of M. Girardeau de St. Gervais, who was the possessor of two *robs* for curing every syphilitic disorder. By advertising both he created an apparent rivalry and antagonism between the two nostrums, and thus kept up the interest of the public in them. He left a fortune of four million francs.

Stringent Resolutions against Homœopathy, &c.—At a meeting of the Council of the Royal College of Surgeons in Ireland, on Aug. 2d, the following ordinance and resolution were finally adopted:—

"No fellow or licentiate of the College shall pretend or profess to cure diseases by the deception called homœopathy, or the practices called mesmerism, or by any other form of quackery; neither shall they or any of them seek for business through the medium of advertisements, or by any other disreputable method. It is also hereby ordained, that no fellow or licentiate of the college shall consult, meet, advise, direct, or assist any person engaged in such deceptions or practices, or in any system or practice considered derogatory or dishonorable by physicians and surgeons."

The College of Physicians has adopted the following form of declaration to be taken by licentiates on admission:—

"I engage not to practice any system or method (so-called) for the cure or alleviation of disease, of which the College has disapproved; nor to endeavor to obtain practice or to attract public notice by advertising, or by any other unworthy means. I also engage that I will neither permit nor sanction the use of my name by any other person for such purposes, nor in connection with any secret or other remedy; and in case of any doubt relative to the true meaning or application of this engagement, I promise to submit to the judgment of the College. And I solemnly and sincerely declare, that should I violate any of the conditions specified in this declaration, so long as I shall be either a licentiate or fellow of the College, I thereby render myself liable, and shall submit to censure of the College, pecuniary fine (not exceeding twenty pounds), or expulsion and surrendering of the diploma, whichever the President and Fellows of the College, or the majority of them, shall think proper to inflict."—*Dublin Medical Press.*

Quacks a Hundred Years Ago.—If our forefathers a hundred years ago could not boast of their mesmeric influences, or of table-turning, or of spirit-rapping, they were the victims of a marvellous list of quackeries of other descriptions, which were, perhaps, more injurious in their effects. It was literally the age of quack medicines, and every possible disease was fitted with its nostrum, all duly qualified by his Majesty's letters patent. There were "The Original Balsam of Health," otherwise called "The Balsam of Lfie," which is described as "the most admirable vulnerary in nature;" the "Golden Nervous Cordial, or Paralytic Drops," which was "the greatest preservative and restorer of health ever yet published," and had been "sent many years ago by her Catholic Majesty to King James the First's consort;" the "Famous Sugar-plums for Worms;" the "Grand Elixir of Ease," which was a certain cure for the colic; and "The Much-famed Hypo Drops," which "infallibly cure melancholy in men or vapors in women." One "Doctor Toscano" declares himself able to find out and cure all diseases to which humanity is liable, adding, in conclusion, "I will forfeit one hundred guineas if anybody can prove to the contrary." Some of these medicines are put forward under the name of the celebrated Doctor John Hill, the great medical and literary quack of the age; such as "Essence of Water Dock," a safe remedy for scurvy; and the "Elixir of Baridana," which was infallible against gout and rheumatism. Those who needed the latter were encouraged by the information added to the advertisement, that "The baridana (burdock) is a common innocent British plant." Dr. Hill's "elixir" met with a rival in a medicine against the same diseases, by one Dr. Colley, who announced as "an effectual remedy," his "Antiarthritick Wine," supposing, perhaps, that the very name of wine was enough to cure a gouty patient. But all these inventions are thrown into the shade by the "Medicinal Arabian Quilt," wherein, we are told, "is infused salutary composition," consisting chiefly of "Eastern vegetables," and by "wrapping up in this quilt," sufferers under all sorts of diseases were to find quick relief. We learn from the same advertisement that "the author also has invented a medicinal paper cap, for the constant wear of those who are vaporous, or subject to catch cold;" and of this it is further stated, "likewise it refreshes the memory of the studious, particularly those who apply constantly to their pen, and is so curiously contrived that gentlemen (*sic*) may constantly wear them under their wigs, or even ladies under their caps."—*London Review.*

The Buffalo Medical and Surgical Journal.—The September number of this journal, which is its second issue, has been received, and gives evidence of editorial energy and ability. It presents an interesting leader on Civil and Military Surgery. The profession of that region should give it their support. With such a medical rival as Buffalo at the West end of the State, and the spirited medical institutions of Brooklyn at the East, New York City has to struggle with powerful competitors for a medical position.

Surgeons Returned.—Surgeons Powell, Harris, LeBoutellier, Goodenough, Connoly, McLetcher, Gray, and Wilson, made prisoners at the battle of Bull Run, have been released on parole, and have been sent to Washington, via Norfolk, under a flag of truce. They have had the care of the Federal wounded at Richmond, Va., and bring with them a letter from Lieut. Todd, brother-in-law of President Lincoln, complimenting them in high terms. Surgeon Powell, it will be remembered, was "brutally murdered" while attending to his duty on the battle field—at least so several of our cotemporaries had it—but he would not stay "murdered"

and now turns up safe and sound, to the great delight of his numerous friends.

Dr. Thomas Stewardson, Jr., has been appointed by the District Court to fill the position in the Board of Health of this city, made vacant by the death of Dr. James Bond.

To Correspondents.

Postage Stamps.—Subscribers will please *not* send us the old style of stamps, as they are worthless to us, not being received for postage at the Office in this city. They will also please send us *only one* and *three* cent stamps. tf

B. S.—The Russian or Turkish bath can be taken in perfection at the Natatorium and Physical Institutes in this city. The charges announced are fifteen baths for twelve dollars.

M. W.—We have seen nothing more reported favorable to the anæsthetic properties which were claimed for the vapor of the oil of turpentine. The effect in the case in which the discovery was said to have been made, was probably more physiological than directly anæsthetic.

J. R. P.—The following, which is Sec. 10, of Art. 5, of the Code of Ethics, should have controlled your conduct:

"When a physician who has been engaged to a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged."

Dr. J. B., N. Y.—We send you the number of the REPORTER you desire. Send money by mail; we share the risk.

Dr. G. S. W., Eckley, Pa.—Enclosure received; but $3 48 only, instead of $3 60, as you intended, for the REPORTER and "H. B."

Dr. B., Ohio.—We will send you the "H. B." for the additional sum you propose.

Dr. J. W. H., Mass.—You are credited $3 on our books. The additional sum will entitle you to the REPORTER to Oct. '62, and "H. B."

Dr. G. W. G., Mass.—The published terms are $3 per annum, or $1 50 for six months, payable in advance. Although we have not sought subscriptions for a shorter period, we have not refused to receive $1 for four months, or even 75 cents for three months, where parties wish to take the REPORTER a short time on trial. The latter was probably the case in the instance to which you refer, and if our agent gave a receipt for six months, (which we presume he did not), it was an error. Quacks will get no consolation from the pages of this journal, and if your neighbor continues to take it after his three months have expired, you may have some hopes of him!

Complaints occasionally reach us that the REPORTER fails to come to hand. We assure our subscribers that their numbers are regularly mailed, and in such a systematic way that we are quite sure there can be no failure on our part. We must therefore lay the blame upon the mails. When we deposit the numbers in the post office here, the mails must take the responsibility of delivering them as directed. And still, when numbers are not received by our subscribers, we are happy to duplicate them if we have them on hand.

Communications Received

Connecticut.—Dr. C. R. Hart; Drs. J. L. Lyon, A. D. Crabtree, J. C. Jackson, John J. Lyon, R. S. Hamilton, C. F. N. Creed, C. H. Austin, Justus Sherwood, Geo. Blackman, D. S. Burr, J. Jaques, E. Gregory, D. Burritt, each with encl. Dr. N. G. Hall, with encl.; Dr. G. H. Preston, with encl.; Dr. Wm. Bennett, with encl.; Dr. Poll; Dr. Henry S. Dean, with encl. *Delaware.*—Dr. D. W. Maull; Dr. J. D Craig. *Illinois.*—Dr. R. P. Hayes, with encl.; Dr. Jno. Mack; Dr. W. Danforth. *Iowa.*—Dr. M. Marbourg, with encl. *Massachusetts.*—Dr. W. H. Fenton; Dr. C. Cullis, (2); Dr. J. Sargent. Drs. C. C. Field, D. B. Whittier, David Parker, E. E. Spenser, J. B. Gould, Geo. Hoyt, Kendall Davis, F. M. Cracin, James Coolidge, A. G. Wilhams, H. A. Meacham, F. A. Sawyer, J. Sidney, Daniel Horley, H. I. Harding, A. C. Dean, S. D. Seymour, O. O. Roberts, S. A. Fisk, James Dunlap, G. D. Peck, A. W. Thompson, Chas. Blodget, A. Bryan Clark, S. Mires, Wm. Pierson, O. L. B. Stickney, R. Shepherd, H. R. Vaille, W. Fitch, C. A. Belden, Charles Tobin, Edward Flint, each with encl. Dr. M. B. Learned, (all right); Dr. J. Jackson, (all right); Dr. W. F. Toulon; Dr. J. H. O'Kelley; G. N. Thompson; Dr. C. M. Tuttle, with encl.; Dr. Daniel Wilder, (all right); Dr. E. B. Moon, (all right); Dr. E. S. Willard, (all right); Dr. G. W. Garland; Dr. D. A. Johnson, (all right); Dr. J. W. Wakefield, (all right); Drs. G. Atwood, F. Foster, B. F. Green, J. W. Hinckley, (each all right); Dr. B. DeGersdorff, (will write to you). *Maryland.*—Dr. W. S. Forwood, with encl. *Michigan.*—Dr. Jno. Falley; Dr. E. A. Egery; Dr. Lewis Meads, with encl.; Drs. A. J. Sawyer, Ch. T. Southworth, H. W. Lobdell, T. M. Harvey, M. L. Green, H. H. Treadway, each with encl. *New Hampshire.*—H. B. Cross. *New Jersey.*—Dr. R. J. Brumagin, with encl.; W. J. Lyttle, with encl.; H. H. Tichenor; Dr. D. M. Skinner; Dr. J. S. Linaberg, with encl.; Dr. J. F. S. Shoemaker, with encl. *New York.*—Drs. O. C. Gibbs, Gerard Arink, S. C. Pettingill; Dr. J. B. Hayes; Dr. Per Lee Pine, with encl.; Dr. S. E. Parsons; Dr. J. H. Thompson, with encl.; Dr. C. P. Smith, with encl.; Drs. H. W. Wells, J. S. Dolson, A. H. Crittenden, A. DeWolf, each with encl.; Dr. G. H. Sears, with encl.; Dr. J. B. Smith. *Ohio.*—Dr. A. E. Bell; Dr. F. G. Young, with encl.; Dr. C. Woodward; Dr. W. W. Jones, with encl.; Dr. C. C. Hildreth, with encl.; Dr. John Dickinson; Dr. Pearce; Dr. Bonaparte, with encl. *Pennsylvania.*—Dr. R. Armstrang, (book sent); Dr. R. H. Smith, with encl; Dr. S. C. McCormick; Dr. C. C. Edwards; Dr. Thos. Johnson, with encl.; Dr. G. S. Wentz, with encl.; Dr. J. R. Mason, with encl.; Dr. H. Gross, with encl.; Dr. R. A. Moon, with encl.; Drs. J. & D. McCarroll, with encl.; Dr. Happersett. *Rhode Island.*—Dr. R. H. Rice; Dr. H. Batchelder, (all right); Dr. J. D. Thompson: Dr. C. Wiggin, (all right); Dr. M. Y. Simmons, (all right). *Vermont.*—Dr. Fosburgh, with encl.; Dr. A. Kendrick, with encl.; Dr. C. A. S. Sprague, with encl.

Office Payments.—Drs. A. Ruggles, Seip, Smith, Pollock, Winter, Knapp, McAuley, Reed, Groom, Hayes, Chamberlain, Migiod, Crotzer, and Eggleton.

VITAL STATISTICS.

OF PHILADELPHIA, for the week ending Sept. 28, 1861:

Deaths—Males, 111; females, 108; boys, 70; girls, 69—Total, 219. Adults, 89; children, 130. Under two years of age, 66. Natives, 173; Foreign, 33. People of color, 12.

Among the causes of death we notice—Apoplexy, 1; convulsions, 9; croup, 5; cholera infantum, 8; cholera morbus, 1; consumption, 20; diphtheria, 6; diarrhœa and dysentery, 8; dropsy of head, 11; debility, 16; scarlet fever, 15; typhus and typhoid fever, 8; inflammation of brain, 2: of bowels, 3; of lungs, 5; bronchitis, 2; congestion of brain, 6; of lungs, 8; erysipelas, 2; whooping cough, 2; marasmus, 12; small pox, 11.

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OF BOSTON, for the week ending Sept. 21, 1861:

Deaths—Males 52; females, 38. Total, 90. Under five years years of age, 50. Natives, 71; Foreign, 14.

Among the causes of death we notice—Phthisis, 15; cholera infantum, 11; croup, 0; scarlet fever, 1: pneumonia, 3; variola, 0; dysentery and diarrhœa, 4; typhus and typhoid fever, 3; diphtheria, 0.

OF NEW YORK, for the week ending Sept. 23, 1861:

Deaths—Males, 219; females, 155; boys, 135; girls, 100. Total, 374. Under two years, 185. Natives, 262; Foreign, 112.

Among the causes of death we notice—Apoplexy, 5; infantile convulsions, 29; croup, 1; diphtheria, 6; scarlet fever, 8; typhus and typhoid fevers, 13; cholera infantum, 37; cholera morbus, 2: consumption, 52; small pox, 4; dropsy of head, 10; infantile marasmus, 39; diarrhœa and dysentery, 28; inflammation of brain, 10; of bowels, 10; of lungs, 10; bronchitis, 3; congestion of brain, 6; of lungs, 1; erysipelas, 0; whooping cough, 4; measles, 3. 208 deaths occurred from acute disease, and 22 from violent causes.

OF BROOKLYN.—The total number of deaths in that city last week was 127. The principal diseases were—Consumption, 16; cholera infantum, 11; marasmus, infantile, 11; convulsions, 7; diphtheria, 5, etc. Adults, 50; children, 67, of which 31 were under one year of age. Natives of the United States, 91; Ireland, 27; all other countries, 9.